

Federal Health Update

MARCH 21, 2014

Welcome to Federal Health Update. This newsletter is a compilation of the latest news in the federal health care sector.

Sponsored by:

SPECTRUM[®]
HEALTHCARE RESOURCES
www.spectrumhealth.com
800-325-3982

Additional Sponsorship Opportunities Available.

Please contact Kate Theroux if you are interested in supporting this service.

ktheroux@federalhealthcarenews.com

EXECUTIVE AND CONGRESSIONAL NEWS

- **The House and Senate were in recess this week.**
- **On March 14, 2014, the House passed H.R. 4015, the SGR Repeal and Medicare Provider Payment Modernization Act of 2014.** This legislation would repeal existing legislation, which would cut physicians' payments for treating Medicare beneficiaries by 24 percent on April 1.

MILITARY HEALTH CARE NEWS

- **The Department of Defense announced that a comprehensive review of its military decorations and awards program will be conducted, which will incorporate lessons learned over the past 13 years of combat.**

The department's review will focus on ensuring that the awards program continues to appropriately recognize all levels of combat valor as well as the sacrifices of our service members. Additionally, the review will determine how best to recognize service members who impact combat operations through the use of cyber technology and remote devices.

The acting undersecretary of defense for personnel and readiness will lead the review working with the chairman of the Joint Chiefs of Staff, military departments, and combatant commanders.

The review will begin in June 2014 and is expected to last approximately 12 months.

To learn more about the department's comprehensive military decorations and awards review,

please view the [Secretary of Defense's Memo](#).

- **Hospital Corpsman 3rd Class Zackery Penner was awarded the Silver Star, the third highest military decoration for valor for actions he took June 22 - 23, 2012, while serving with Bravo Company, 1st Battalion, 8th Marines in Afghanistan.**

On June 22, 2012, with approximately 30 days left in country, Penner's platoon encountered Afghan insurgents on the first day of a seven-day operation, and a Marine was severely wounded on a nearby rooftop. Without hesitation, Penner ran to the Marine while exposing himself to enemy fire that was only 50 meters away. With rounds impacting all around him, he treated and evacuated the Marine.

On June 23, Penner also helped treat two members of his quad when the squad began receiving enemy fire from the rear. Penner shielded the casualties from enemy fire with his own body until the evacuation aircraft arrived. Both casualties would ultimately not survive, but Penner again sustained no injuries despite putting himself in harm's way.

When asked about how he felt about receiving the Silver Star, Penner replied, "It's humbling. I was in the right place at the wrong time, but any of the Marines would have done the same thing."

- **As deputy director of the Joint Combat Casualty Research Team based out of Kandahar Airfield, Afghanistan, Lt. Col. MeLisa Gantt spends most of her days poring over pages of data and research of battle-related injuries with one goal in mind – win the war.**

The goal of the research team, which reports directly to U.S. Central Command, is to get insight from medical professionals within the armed services, and the service members who provide that medical care, to see how casualty care can be improved or better sustained.

The team has been researching casualty care in Afghanistan since its inception in 2006, and while Gantt spends her days at Role 3 NATO Multi-National Medical Unit at Kandahar Airfield, the team is spread at hospitals throughout Afghanistan, with teams at Camp Bastion and Bagram Air Field as well.

While they do the main research, it is the feedback they get from doctors and other medical personnel that is the key, said Gantt, who also serves as an ad hoc member of the trauma team at Role 3 as a qualified nurse.

Teams like Gantt's have been in use over the course of Army history, with medical care and ways to properly treat casualties evolving over time.

Gantt talked about the recent evolutions, most notably between the wars in Iraq and Afghanistan.

Even though she and the rest of her team work within the medical field, an area where pass or fail can sometimes mean life or death, the research they do requires patience, as Gantt said, "We do not see the results right away."

Not only does Gantt's research help advance medicine within the military, but it has also been used in the civilian sector as well.

VETERANS AFFAIRS NEWS

- **Veterans and active-duty military personnel with service-connected amyotrophic lateral sclerosis (ALS), commonly known as Lou Gehrig's disease, are now presumed medically eligible for grants up to almost \$68,000 to adapt their homes, the Department of Veterans Affairs (VA) announced.**

The change affects recipients of VA's specially adapted housing grants, which helps pay for the costs for building, buying or adapting a home, up to a maximum of \$67,555.

Under the change, veterans and service members with service-connected ALS will be determined medically eligible for the maximum grant. The program provides grants to eligible service-connected disabled veterans and service members to construct or modify a home to meet their unique housing needs. Grants are also available to help eligible individuals purchase adapted homes or pay down mortgages on homes that are already adapted. VA estimates this change will save approximately 12 months in the overall process of a Specially Adapted Housing (SAH) grant.

In 2008, VA established a presumption of service connection for ALS for any veteran who develops the disease at any time after separation from service, making them eligible for monthly VA disability compensation benefits. VA amended its disability rating scale in January 2012 to assign a 100-percent disability evaluation for any veteran who has service-connected ALS.

ALS is a rapidly progressive, totally debilitating, and irreversible motor neuron disease that results in muscle weakness leading to a wide range of serious disabilities, including impaired mobility. VA adapted its rules so Veterans with service-connected ALS no longer have to file multiple claims with VA for increased benefits as their condition progresses. Prior to the new SAH regulatory change, many Veterans and Servicemembers who were rated by VA for service connected ALS, but who did not yet have symptoms debilitating enough to affect their mobility to the degree required for SAH grant eligibility, were unable to begin the process of modifying their homes to accommodate their often rapidly progressing conditions.

VA's SAH program provides grants to eligible service-connected disabled veterans and service members for the purpose of constructing or modifying a home to meet their unique housing needs. The ultimate goal of the program is to provide a barrier-free living environment that affords a level of independent living that the veteran or service member may not otherwise enjoy.

For more information, visit: <http://benefits.va.gov/homeloans/adaptedhousing.asp>.

GENERAL HEALTH CARE NEWS

- **According to a new report released by HHS, 8 out of 10 (1.6 million) uninsured Asian Americans, Native Hawaiians, and Pacific Islanders (AANHPIs) may be eligible for coverage through the Health Insurance Marketplace and could qualify for Medicaid, the Children's Health Insurance Program (CHIP), or tax credits to help with the cost of premiums.**

If all states took advantage of new opportunities to expand Medicaid coverage under the Affordable Care Act, 89 percent of uninsured Asian Americans, Native Hawaiians, and Pacific Islanders who may be eligible for the Marketplace might qualify for Medicaid, the CHIP, or tax credits to help with the cost of health insurance premiums.

The report also details uninsurance rates by state and provides several examples of what premiums might look like for AANHPI's living in major metropolitan areas. More than half of uninsured AANHPI citizens and others lawfully residing in the U.S. live in California, Texas, and

New York. A 27-year-old in San Francisco with an income of \$25,000 can pay as little as \$21 a month for a bronze plan after applying the tax credit, while a family of four with an income of \$50,000 could pay zero for a bronze plan after applying the tax credit.

Nationwide, about 798,000 uninsured AANHPI's may be eligible for coverage through Medicaid or the CHIP.

States have new opportunities to expand Medicaid coverage to include Americans with family incomes at or below 133 percent of the federal poverty level (generally \$31,322 for a family of four in 2013). This expansion includes adults without dependent children living at home, who have not previously been eligible in most states.

To read report, visit:

http://aspe.hhs.gov/health/reports/2014/UninsuredAANHPI/rb_UninsuredAANHPI.pdf.

- **The U.S. Food and Drug Administration (FDA) approved the first implantable device for people 18 and older with severe or profound sensorineural hearing loss of high-frequency sounds in both ears, but who can still hear low-frequency sounds with or without a hearing aid.**

The Nucleus Hybrid L24 Cochlear Implant System may help those with this specific kind of hearing loss who do not benefit from conventional hearing aids.

Sensorineural hearing loss is the most common form of hearing loss and occurs when there is damage to the inner ear (cochlea). It may be caused by aging, heredity, exposure to loud noise, drugs that are toxic to the inner ear (e.g., antibiotics), and certain other illnesses. People with severe or profound sensorineural hearing loss of high-frequency sounds may have difficulty hearing faint sounds, understanding people with higher-pitched voices, hearing certain speech sounds, and, in some cases, hearing high-pitched emergency vehicle sirens or common safety alarms, such as smoke detectors.

The Nucleus Hybrid L24 Cochlear Implant System combines the functions of a cochlear implant and a hearing aid. This electronic device consists of an external microphone and speech processor that picks up sounds from the environment and converts them into electrical impulses. The impulses are transmitted to the cochlea through a small bundle of implanted electrodes, creating a sense of sound that the user learns to associate with the mid- and high-frequency sounds they remember. The hearing aid portion of the device is inserted into the outer ear canal like a conventional hearing aid, and can amplify sounds in the low-frequency range.

The Nucleus Hybrid L24 Cochlear Implant System is manufactured by Cochlear Ltd., headquartered in New South Wales, Australia.

- **Rates of tuberculosis in the United States are falling, with cases at a historic low.**

Improved screening of immigrants has helped reduce incidence of the highly contagious lung disease, researchers from the U.S. Centers for Disease Control and Prevention said.

According to preliminary data from the CDC's National TB Surveillance, fewer than 9,600 cases were reported in the United States in 2013. That represents a decline of 4.2 percent from 2012.

Four states — California, Florida, New York and Texas — reported more than half of all TB cases in 2013. Also, blacks and Hispanics have a rate of tuberculosis seven times higher than whites. For Asians, the rate is 26 times higher than whites, the researchers found.

Cases of drug-resistant tuberculosis remain a concern, and the rate of TB is still 13 times higher for foreign-born residents than for people born in the country, according to the CDC's *Morbidity*

and Mortality Weekly Report

A program that more intensively screens anyone planning to immigrate is having success, health officials said. Under the tighter screening, twice as many TB cases are diagnosed and treated among immigrants and refugees before their U.S. arrival than with the previous screening program. The program is also cost-effective, saving taxpayers \$15 million in annual health care costs, the CDC said.

Although the United States is seeing progress against TB, the disease is epidemic elsewhere. Worldwide, 8.6 million new cases and almost 1 million deaths were reported in 2012, according to the World Health Organization.

REPORTS/POLICIES

- There were no reports published this week.

HILL HEARINGS

- The House Veterans Affairs Subcommittee on Oversight and Investigations will hold a legislative hearing on **March 25, 2014**, to examine H.R. 3593 (VA Construction Assistance Act of 2013) and other draft legislation.
- The House Veterans Affairs Subcommittee on Subcommittee on Disability Assistance and Memorial Affairs will hold a legislative hearing on **March 26, 2014**, to examine H.R. 2018, H.R. 2088, H.R. 2119, H.R. 2529, H.R. 3671, H.R. 3876, H.R. 4095, H.R. 4102, H.R. 4141, and H.R.4191.
- The Senate Armed Services Committee will hold a hearing on **March 26, 2014**, to examine the current readiness of United States forces in review of the Defense Authorization Request for fiscal year 2015 and the Future Years Defense Program
- The House Veterans Affairs Subcommittee on Subcommittee on Health will hold a legislative hearing on **March 27, 2014**, to examine H.R. 183; H.R. 2527; H.R. 2661; H.R. 2974; H.R. 3508; H.R. 3180; H.R. 3387; H.R. 3831; H.R. 4198; and, Draft legislation to authorize major medical facility projects for the Department of Veterans Affairs for fiscal year 2014 and 2015.
- The Senate Armed Services Committee will hold a hearing on **March 27, 2014**, to examine the posture of the Department of the Navy in review of the Defense Authorization Request for fiscal year 2015 and the Future Years Defense Program
- The Senate Armed Services Committee will hold a hearing on **April 3, 2014**, to examine the posture of the Department of the Army in review of the Defense Authorization Request for fiscal year 2015 and the Future Years Defense Program.
- The Senate Armed Services Committee will hold a hearing on **April 10, 2014**, to examine the posture of the Department of the Air Force in review of the Defense Authorization Request for fiscal year 2015 and the Future Years Defense Program.

LEGISLATION

- **H. R.4251** (introduced March 14, 2014): To direct the Secretary of Health and Human Services, acting through the Director of the Centers for Disease Control and Prevention, to establish a surveillance system regarding traumatic brain injury, and for other purposes Referred to the House Committee on Energy and Commerce.
Sponsor: Representative Bill Pascrell, Jr. [NJ-9]

MEETINGS/WEBINARS

- The ACHE Congress on Healthcare Leadership will be held on **March 24-27, 2014**, in Chicago, Ill. <http://www.ache.org/congress/>
- The 11th Annual World Health Care Congress will be held on **April 7-9, 2014**, in National Harbor, Md. <http://www.worldcongress.com/events/HR14000/>
- The Healthcare Marketing and Physician Strategies Summit will be held on **April 30 - May 2, 2014**, in Orlando, Fla. <http://www.healthcarestrategy.com/conferences/2014/hmss2014.asp>
- The Heroes of Military Medicine Awards will be held on **May 1, 2014**, in Washington, DC. <http://www.hjfc3.org>
- The 2014 DoD/VA Healthcare Conference will be held May 19 - 21, 2014, in San Antonio, Texas. <http://www.dodhealthcare.com/>
- The AUSA 2014 Annual Meeting & Exposition will be held Oct. 13-15, 2014, in Washington DC. <http://www.ausa.org/meetings/2014/Pages/AnnualMeeting.aspx>

If you need further information on any item in the *Federal Health Update*, please contact Kate Theroux at (703) 447-3257 or by e-mail at katetheroux@federalhealthcarenews.com.